

FILED MAY 3 1943 18
Registration District No. 18

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3803

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2007 Alfred
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME EUGENE EDWIN HOTZ, JR.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Eugene E. Hotz

13. Birthplace East St. Louis (City, town, or county) (State or foreign country) Ill.

14. Maiden name Margaret Gross

15. Birthplace St. Louis (City, town, or county) (State or foreign country) Mo. 0

16. (a) Informant Elva Meier
(b) Address Burial Lutheran Hospital

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 4/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem. Ill.

18. (a) Signature of funeral director _____
(b) Address 2849 N. Euclid ave.

19. (a) APR 24 1943 (Date received local registrar) J. F. Meeker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 10:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from APRIL 16
1943, to APRIL 23, 1943;

that I last saw him alive on APRIL 23, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Toxin due to
intestinal obstruction Duration 3 da.

Due to Interruption of illness
through illness caused by

Due to bl

Other conditions (Include pregnancy within 3 months of death) 172

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Meeker (M. D. or other) 0
Address New York 13227 Date signed 4/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.